

FILED JUN 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19699

0860

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam Co. Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY OR TOWN <u>Unionville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0860</u>			
3. NAME OF DECEASED a. (First) <u>Myrtle</u> b. (Middle) <u>Jane</u> c. (Last) <u>Eightmaster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1955</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 18 1880</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmers Wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Hayward</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Crumpacker</u>		14. NAME OF HUSBAND OR WIFE <u>Harrison Eightmaster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lela Glidewell</u> ADDRESS <u>Unionville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstruction of bowel</u> <u>Intoxication of opium</u> DUE TO (b) <u></u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Parkinson's syndrome</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>for past 10 years</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>5705</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 2, 1947</u> to <u>June 14, 1955</u> , that I last saw the deceased alive on <u>June 14, 1955</u> , and that death occurred at <u>3:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Chris L. Judd Dox</u> (Degree or title)				23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>6/14/55</u>	
24a. BURIAL, CREMATION OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lemons Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-18-55</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> <u>266-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Husted & Son</u> ADDRESS <u>Unionville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
G. O. Hunsdale & Son

Licensed Embalmer No. *29*

P. O. Address *Unionville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.